

The Foreign National Information Form must be completed before you can receive any form of payment. All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record" (a small white card inside your passport), a copy of your U.S. VISA from your passport, a copy of both sides of I-20, DS2019 or I-797, and a copy of your U.S. social security card/ITIN must be attached to this form. This form must be returned before any check can be issued by the Payroll or Accounts Payable and must also be completed by anyone receiving tuition remission/scholarships or prize/award.

1.) LAST NAME/SURNAME _____ FIRST _____ MIDDLE INITIAL _____

2.) U.S. SOCIAL SECURITY # or ITIN _____ 3.) MSU ID # _____

4.) U.S. LOCAL STREET ADDRESS: _____ _____ City _____ State _____ Zip _____	5.) FOREIGN RESIDENCE ADDRESS: _____ _____ City _____ Postal Code _____ Province _____ Foreign Country _____
---	--

6.) Country of Citizenship _____ 7.) Country That Issued Passport _____

8.) Passport # _____ Passport Expiration Date ____ / ____ / ____ 9.) Visa # _____
(the red number listed on U.S. visa)

10.) Have you ever had another immigration status or previous visits to the U.S.? Yes No If yes, complete backside

11.) IMMIGRATION STATUS (VISA TYPE): <input type="checkbox"/> U.S. Immigration/Permanent Resident <input type="checkbox"/> F-1 Student <input type="checkbox"/> TN <input type="checkbox"/> Canadian Walk-Over (No VISA) <input type="checkbox"/> J-1 Exchange Visitor <input type="checkbox"/> H-1B Temporary Employee <input type="checkbox"/> B-1 <input type="checkbox"/> WB <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor <input type="checkbox"/> B-2 <input type="checkbox"/> WT <input type="checkbox"/> Other _____
--

12.) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? Check One: <input type="checkbox"/> 01 Student <input type="checkbox"/> 02 Short Term Scholar <input type="checkbox"/> 04 Teacher <input type="checkbox"/> 12 Research Scholar <input type="checkbox"/> 05 Professor <input type="checkbox"/> Other _____
--

13.) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? Check one: <input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 05 Observing <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 04 Lecturing <input type="checkbox"/> 08 Training <input type="checkbox"/> 12 Here with Spouse

14.) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES? ____ / ____ / ____ MONTH DAY YEAR	15.) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY? ____ / ____ / ____ MONTH DAY YEAR	16.) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY? ____ / ____ / ____ MONTH DAY YEAR
---	---	--

17.) INCOME PROVIDING ACTIVITY (e.g.: Professor of Math) _____	18.) WHAT TYPE OF STUDENT? <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Doctoral <input type="checkbox"/> Medical Student <input type="checkbox"/> Other _____	19.) Married? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse in USA? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Dependents: _____
--	---	--

20.) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS Do you/will you have an office (fixed base) in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days in this tax year did you/will you have an office (fixed base)? _____ Days	21.) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: _____ Did tax residence end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when ____ / ____ / ____ MONTH DAY YEAR
---	--

22.) DATE OF BIRTH ____ / ____ / ____ MONTH DAY YEAR	23.) EMPLOYMENT DATE ____ / ____ / ____ MONTH DAY YEAR	23.) FOREGN TAXPAYER ID# _____	23.) ESTIMATED ANNUAL INCOME AT MSU: \$ _____
--	--	-----------------------------------	--

I hereby certify that all of the above information is complete, true and correct. I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Information Form to the Payroll/Accounts Payable Office.

Signature: _____ Date: ____ / ____ / ____ Home Phone # _____

Email Address: _____ Work Phone # _____

The Foreign National Information Form **must be completed before you can receive any form of payment.**

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISA'S SINCE 1/1/85

Date of Entry	Date of Exit	VISA Immigration Status	J1 Subtype	Primary Activity	Have you taken Treaty Benefits?
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

VISA IMMIGRATION STATUS

- U.S. Immigration/Permanent Resident
 F-1 Student
 J-2 Spouse or Child of Exchange Visitor
 J-1 Exchange Visitor
 H-1 Temporary Employee
 Other _____

J-1 SUBTYPE

- 01 Student
 05 Professor
 12 Research Scholar
 02 Short Term Scholar
 Other _____

PRIMARY ACTIVITY

- 01 Studying in a Degree Program
 05 Observing
 09 Demonstrating Special Skills
 02 Studying in a Non-degree Program
 06 Consulting
 10 Clinical Activities
 03 Teaching
 07 Conducting Research
 11 Temporary Employment
 04 Lecturing
 08 Training
 12 Here with Spouse
 99 Other, please specify _____

I hereby certify that all of the above information is complete, true and correct. I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Information Form to the Payroll/Accounts Payable Office.

Signature: _____ Local Phone Number: _____ Date: _____

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT: ROBIN WAGNER, Senior Accountant
 Phone: 701-858-3224 • Fax: 701-858-3227 • Email: robin.wagner@minotstateu.edu

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM

- Name: List full name.
- Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security, i.e., Canadian social security number. All employees must have a social security number to work. If none, enter your ITIN issued by the IRS.
- ID#: Enter your Employee/Student/Faculty Identification Number.
- Local Street Address: List your local US address.
- Residence: List your non-US address.
- Country of Citizenship(s).
- Country that Issued Passport: List the country in which you were issued your passport. Not the country where it was issued.
- Passport #: Enter your passport number.
- Visa #: Enter your Visa number.
- Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you don't know.
- Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
- Immigration Status for J-1: Check the appropriate J-1 subtype.
- Actual Primary Activity: Check one activity.
- Actual Entry Date into the United States: Must include month, day and year. Approximate if you don't know.
- Start Date: Must include month, day and year. Approximate if you don't know.
- End Date: Must include month, day and year. Approximate if you don't know.
- Income: Describe in general the service you will perform or reason for income.
- Check the appropriate box.
- Is your spouse in the USA? Check the appropriate box. Give number of other dependents in the USA.
- Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
- Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.